

Case Number:	CM13-0012284		
Date Assigned:	09/24/2013	Date of Injury:	01/23/2007
Decision Date:	01/02/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 01/23/2007. The primary treating diagnosis is thoracolumbar disc displacement. The patient also has the diagnosis of right knee degenerative joint disease as well as depression. The treating physician evaluated the patient 07/09/2013 with reference to worsening right knee pain. The patient had reported excellent results with wrist and corticosteroid injection, although the pain gradually worsened. The treating physician diagnosed the patient with right knee degenerative joint disease and recommended MRI imaging. An initial physician reviewer concluded that this treatment request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 17th edition, 201 updates, knee procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: ACOEM Guidelines, Chapter 13 Knee, page 343, discusses, "Ability of various techniques to identify and define knee pathology." This same guideline states, "Reliance only on imaging studies to evaluate the source of knee syndromes may carry a significant risk of diagnostic confusion." Thus, the guidelines recommend that MRI imaging of the knee with reference to a specific clinical question or more likely a specific differential diagnosis in order to

improve the accuracy and particular clinical utility of this procedure. A review of the records indicates that these criteria have not been met at this time. The request for an MRI of the right knee is not medically necessary and appropriate.